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Address to:		Attorn	ey Doc	ket No.	24,	24,954-09RE				
Address to: First Nam				Inventor	BU:	BUSHEY, B.				
Mail Stop Re						6,614,195				
P.O. Box 14	Commissioner for Patents Original Pate				Sor	stomb	nr 2 2002			
	VA 22313-1450	22313-1450 (Month/Day				Year) September 2, 2003 I Label No. EV126129807US				
APPLICATION FO	Labor No.	ļ E V	12012	300703						
(Check	(applicable box) Util	ity Patent		Design P	atent		Plant Patent			
APPLICATION ELE	ACCOMPANYING APPLICATION PARTS									
	nittal Form (PTO/SB/56) original, and a duplicate for fee proce	esina)	Statement of status and support for all							
		10. L changes to the claims. See 37 CFR 1.173(c).								
	laims small entity status. See 37 CFR		11. Original Patent Grant							
3. Specificatio (amended,	Ribboned Original Patent Grant									
4. Drawing(s)							.oss (PTO/SB/55)			
5. Reissue Oa		12. Foreign Priority Claim (35 U.S.C. 119)								
(37 CFR 1.	(if applicable)									
6. Power of At	ttorney	13. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations								
7. Original U.S	English Translation of Reissue Oath/Declaration									
(If Yes, check	14. (if applicable)									
Written	Consent of all Assignees (PTO/SB/5	15. Preliminary Amendment								
✓ 37 CFF (PTO/S	Return Receipt Postcard (MPEP 503) 16. (Should be specifically itemized)									
8. CD-ROM or	· · CD-R in duplicate, Computer Program	n (Annendix)		16. L. (Sho	ould be sp	ecifical	ly itemized)			
or large table 17. Other:										
9. Nucleotide and/or Amino Acid Sequence Submission										
(if applicable, all of the following are necessary)										
a.										
	D-ROM (2 copies) or CD-R (2 copies); aper	or								
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c. Statements verifying identity of above copies										
18. CORRESPONDENCE ADDRESS										
Customer N	lumber.			OR _	Corr	espond	ence address below			
Name John F. Klos Fulbright & Jaworski L.L.P										
Address 2100 I.D.S. Center										
0.7	80 South Eight Street Minneapolis State MN Zip Code 55402									
Country USA	T	1-2806		ax	(612) 321-9600					
	ohn F. Klos		Reg	istration No.			37,162			
Signature	Om 1cm				Date	Octobe	er 23, 2003			

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/56 (08-03)

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REISSUE APPLICATION FEE TRANSMITTAL FORM									Docket Number (Optional)				
Claims as Filed – Part 1													
	(1)		(2)		(3)			Small		_		ther than a Sm	nall Entity
	Claims in Patent	F	ber Filed in Reissue pplication	I	Number Extra		Rate		Fee			Rate	Fee
Total Claims (37 CFR 1.16(j))	(A) 21	(B)	31	***	• 10	=	= x\$=					x\$ <u>18</u> =	180
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					Basic Fee (3	7 CF	7 CFR 1.16(h)) \$_		\$				\$7.70
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Claims as Amended – Part 2													
	(1) (2) Claims Remaining Highest Number					(3) Small Entity			Other than a Small Entity				
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* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. *** If "A" is greater than 20, use (B – A): if "A" is 20 or less, use (B – 20). **** Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account Number 50-1212													
October 2	Date			viue C	ieun Gdu II	11011	iiauvii	Signa	`	<u>~/</u> Applica	ant, Atto	omey or Agent	of Record
Registration Number, if applicable Typed or printed name													

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